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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	GEMS:0121/yod 15-EC-5772	Total Pages	68
	First Named Inventor or Application Identifier			
	Christopher Japp			
	Express Mail Label No.	EL 652 334 840 US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <small>Total Pages 25</small> <small>(preferred arrangement set forth below)</small> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets 5 Total Pages 15</small>	ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed) [Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small>	
	10. <input type="checkbox"/> English Translation Document (if applicable)	
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
	12. <input type="checkbox"/> Preliminary Amendment	
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
	16. <input type="checkbox"/> Other	
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____		

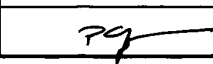
18. CORRESPONDENCE ADDRESS					
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<small>(Insert Customer No. or Attach bar code label here)</small>					
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FEE TRANSMITTAL		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Christopher Japp
		Group Art Unit	unknown
		Examiner Name	unknown
TOTAL AMOUNT OF PAYMENT	(\$) 1,280.00	Attorney Docket Number	GEMS:0121/YOD (15-EC-5772)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <u>07-0845/GEMS:0121/YOD (15-EC-5772)</u> Deposit Account Name <u>GE Medical Systems</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)		3. ADDITIONAL FEES																																											
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Patrick S. Yoder	Reg. Number	37,479
Signature		Date	December 22, 2000
		Deposit Acct. User ID	07-0845/GEMS:0121/ (15-EC-5772)